

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
D.C. OFFICE ON AGING  
WASHINGTON CENTER FOR AGING SERVICES**



**WASHINGTON CENTER FOR AGING SERVICES  
A CENTER OWNED BY THE DISTRICT OF COLUMBIA AND  
OPERATED BY VMT LONG TERM CARE MANAGEMENT, INC.**

**NOTICE OF PRIVACY PRACTICES** EFFECTIVE AS OF APRIL 14, 2003

If you do not speak and/or read English, please call (202) 282-3101 between 8:15 a.m. and 4:45 p.m. A representative will assist you.

If you speak Spanish, turn over the pages to read this notice.

If you do not understand this document, please call us at 202-282-3101.

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**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT  
YOU MAY BE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW THIS NOTICE CAREFULLY.**

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The Washington Center for Aging Services (the Center) is owned by the Government of the District of Columbia and managed by VMT, Long Term Care Management, Inc, through a contract with the D.C. Office on Aging.

The Washington Center for Aging Services keeps your protected health information (PHI) confidential.

Your PHI includes your name, address, birth date, and phone number. It also includes your social security number, Medicare number (if any), and health insurance policy information. It may include information about your health condition.

The law requires us to keep your PHI private. We must provide you with this Notice of our legal duties and privacy practices. The law requires the Washington Center for Aging Services to abide by this Notice.

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**USE OF YOUR PHI:**

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We use your PHI to allow a doctor or nurse to treat you. We allow a business office to process payment for your medical services with your PHI. Administrative personnel reviewing the quality of the care you receive use your PHI too. This Notice also governs how Washington Center for Aging Services will use and disclose your health information.

We may also use and/or disclose your PHI without your permission when permitted by law:

**Treatment:** To a health care provider to treat you. (EXAMPLE: Washington Center for Aging Services may share your PHI with a clinical laboratory.)

**Payment:** To pay claims for services delivered to you. (EXAMPLE: Washington Center for Aging Services shares your PHI with a claims processor. The contractor verifies that you received treatment.)

**Health Care Operations:** To perform health care operations including:

- Assessing health care quality
  - Reviewing accreditation, certification, licensing and credentialing
  - Conducting medical reviews, audits, and legal services
  - Other insurance functions
- (EXAMPLE: Washington Center for Aging Services sends your PHI to a quality review committee.)

**Previous Provider:** To your current or past health care provider.

**Public Health and Benefit Activities:** For the following kinds of public health/interest activities:

- For public health
- For health care oversight
- For research
- To coroners, medical examiners, funeral directors, and organ procurement organizations
- As authorized by DC workers' compensation laws

**To Avoid Harm or Other Law Enforcement Activities:** We may disclose your PHI:

- To stop a serious threat to health or safety
- In response to court/administrative orders
- To law enforcement officials
- To the military and intelligence activities
- To correctional institutions

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**Communication:** Contact you personally to keep you informed. (EXAMPLE: Washington Center for Aging Services may send appointment reminders or information about other treatment opportunities to you.)

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**AUTHORIZATION FOR OTHER USES AND DISCLOSURES OF PHI  
NOT MENTIONED IN THIS NOTICE:**

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Washington Center for Aging Services will only use or disclose your PHI for purposes this Notice mentions. Washington Center for Aging Services will obtain your written authorization for other uses and disclosures. You may revoke your authorization in writing any time. You may contact the Washington Center for Aging Services' Privacy Officer or any of the other Privacy Officers listed at the addresses listed at the end of this Notice.

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**YOUR RIGHTS REGARDING YOUR PHI:**

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You have the following rights with respect to your PHI. In writing, you may:

- Ask us to limit how your PHI is used or given out. We are not required to agree to your request. If we do agree, we will honor it.
- Ask Washington Center for Aging Services to communicate with you regarding PHI in a different manner; that is, you may request that we provide your PHI confidentially by specified means at alternate locations.
- Generally, see and copy your PHI. You may ask under certain circumstances, if denied, refusal can be reviewed. You may be charged a reasonable fee for copies.
- Ask Washington Center for Aging Services to change your PHI. We may not make your requested changes. If so, we will tell you why we cannot change your PHI. You may respond in writing to any denial. You may ask that both our denial and your response be added to your PHI.
- Get a listing of certain entities that received your PHI from Washington Center for Aging Services after April 14, 2003. This list will not include a listing of disclosures made for treatment or payment. Nor will it include disclosures for healthcare operations, disclosures you authorized us to provide, and certain government functions.
- Request a paper copy of this Notice of Privacy Practices.

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**CONCERNS OR COMPLAINTS  
ABOUT THE USE OR DISCLOSURE OF YOUR PHI:**

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For more information about our privacy practices, you may contact the Privacy Officer at the following address.

VMT Long Term Care Management, Inc.  
Corporate Compliance Officer  
Attn: HIPAA Privacy Officer  
4201 Connecticut Ave., NW, Suite 208  
Washington, D.C. 20008  
Voice: (202) 282-3101

If you are not satisfied with the handling of your complaint you may contact the District of Columbia's Privacy Official at:

Privacy Official  
DC Office of Health Care Privacy and Confidentiality  
in the Office of the Deputy Mayor for Children Youth, Families, and Elders  
1350 Pennsylvania Avenue NW, Suite 307  
Washington, D.C. 20004  
Voice: (202) 727-8001  
Fax: (202) 727-0246  
TTD: (202) 442-5999  
TTY: (202) 727-3323  
E-mail: [dcprivacy@dc.gov](mailto:dcprivacy@dc.gov)

You may also contact the above Privacy Officers for additional copies of this Notice. You have the right to complain to us. You may also complain to the U. S. Department of Health and Human Services. Complaints will not cause you any harm. To complain to us, please contact either of the Privacy Officers at the above addresses or you may send a written complaint to the Secretary of the U S. Department of Health and Human Services at the following address:

Office for Civil Rights – Region III  
U.S. Department of Health and Human Services  
150 S. Independence Mall West, Suite 372  
Public Ledger Building  
Philadelphia, PA 19106-9111  
Main Line (215) 861-4441  
Hotline (800) 368-1019  
FAX (215) 861-4431  
TDD (215) 861-4440

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TTY: (886) 788-4989  
E-mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

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**CHANGES TO THIS NOTICE:**

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We reserve the right to change the terms of this Notice. If we change the terms of this Notice, we will post a revised notice in the Washington Center for Aging Services' offices. In addition, the current Notice of Privacy Practices will be posted on the Internet at <http://www.dcoa.dc.gov>

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**ACKNOWLEDGEMENT OF RECEIPT**

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This is to acknowledge that I have received a copy of the Washington Center for Aging Services' Notice of Privacy Practices.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Please Print Name\_\_\_\_\_ Relationship to patient\_\_\_\_\_

☐ I refuse to sign this acknowledgement

Note to Washington Center for Aging Services' personnel: If client refuses to sign the acknowledgement form,

initial here\_\_\_\_\_ Date\_\_\_\_\_,

indicating that a good faith effort was made to receive an acknowledgement of receipt.